

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. King, Bruce, , Mr., FHFMA, MSP

Mailing Address 273 County Road

City
New London

State
NH

Zip Code
03257-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New London Hospital

Occupation (for Individual)
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2018

Transaction ID : 24811060

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sharp, Patrick, , Mr.,

Mailing Address 301 2nd Avenue

City
International Falls

State
MN

Zip Code
56649-2341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Range Regional Health Services

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2018

Transaction ID : 24812220

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnson, Charles, L., Mr., III

Mailing Address 19412 Stamford Dr

City
Livonia

State
MI

Zip Code
48152-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hartford HealthCare

Occupation (for Individual)
Executive Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2018

Transaction ID : 24812227

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00